

Edith H. Bronnwell

Died <u>20</u>	Town <u>Campinas</u>	County <u>Dorchester</u>	MARYLAND
Month <u>Nov</u>	Day <u>2</u>	Y. <u>3</u> M. <u>28</u> D. <u>1902</u>	Native of <u>Dorchester</u>
Date 19 <u>02</u>	Age <u>28</u>	Occupation <u>—</u>	
Male	White	Widow	Divorced
Female	Colored	Widower	Number of children living

Husband of

Wife

Father's Name

Iwo H. Bronnwell

Mother's Maiden Name

Virginia D. Gore

Cause of Death

Primary

Meningitis

105

How long sick

since birth

Immediate

Editha and conval

Accident, Suicide, Homicide

Reported by

Dr. Goldsmith

Address

Campinas

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X



Solomon Burton

Town

Madison

County

Dorchester

MARYLAND

Died at

Date 1902	Month Nov.	Day 26	Age 13	Y. M. D.	Native of Dor. Co.	Occupation Nurse
Male	White	Married		Widow	Divorced	
Female	Colored	Single		Widower	Number of children living	

Husband of

Wife

Father's Name Wm. Burton 18 Mother's Name Elizabeth Burton

Cause of Death Primary Malignant Encephalitis How long sick About 5 days

Death Immediate Accident, Suicide, Homicide

Reported by B. L. Britt M.D.

Address Madison Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henrietta Ephras S

Died at Cambridge Town Dorchester County MARYLAND  
 Date 1902 Month 11 Day 21 Age 39 M. 15 D. 15 Native of Md Occupation dressmaker  
W Female W Colored W Married W Widower W Divorced  
 Number of children living none

Wife of Levin Ephras

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary Oesicarditis

How long sick

Death

Immediate Heart failure due to pressure

Accident, Suicide, Homicide

Reported by

Elvoff Ind.  
Cambridge Ind.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lydia Chambalem  
Town Post Newmarket Co. County

Died at MARYLAND  
Month Day Y. M. D. Native of Occupation  
Date 19 02 - 11 - 29 6 3 19 Md House work  
Male White Married Widow Divorced  
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

T. B. Chambalem Mother's

Maiden Name

Mary F. Fiasier

Cause of Death

Primary

Bronchitis Pneumonia

How long sick

Immediate

Heart Failure

one week

Accident, Suicide, Homicide

Reported by

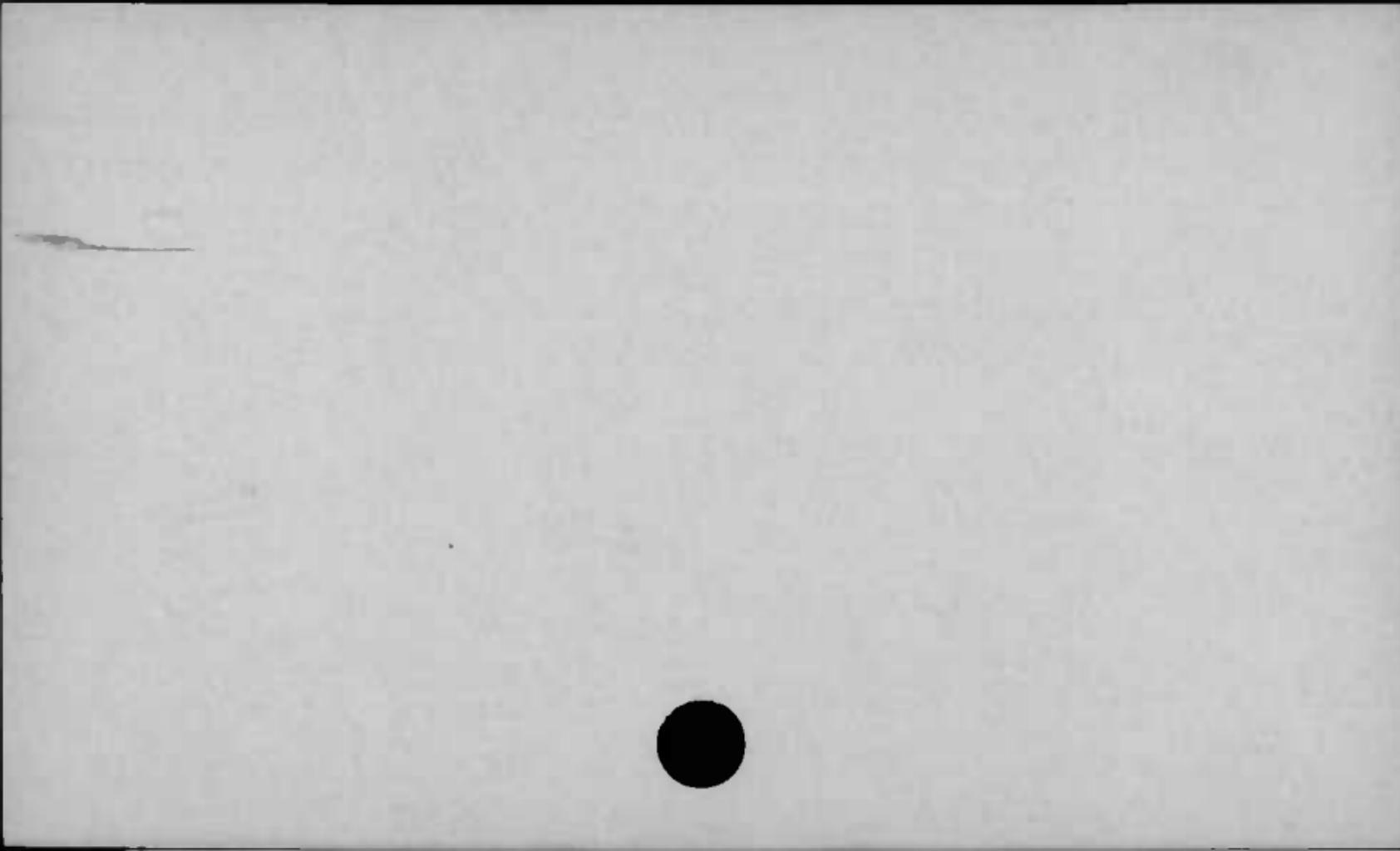
Victor & Gittel

Address

Post Newmarket

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Charles Clash*

Died at	Town		County				MARYLAND	
	Cambridge, Dorchester							
Date 19	Month	Day	Y.	M.	D.	Native of	Occupation	
02	Nov.	14.	18	-	-	Hd.	Labour	
Male	White	Age	18			Divorced		
Female	Colored	Married				Widower	Number of children living	
Husband of								
Wife								
Father's Name	Dewitt and Clash		Mother's Maiden Name		Cassie Roberts			
Cause of Death	Primary	Contagious Typhoid Fever				How long sick		
	immediate	Perforation + Peritonitis				Three weeks.		
Reported by	Wilbur A. Drake, M.D.							
Address	Cambridge		Dorchester Co.					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Elliot

Town

County

Died at

Cambridge Dorchester

MARYLAND

Date 1902

Month Nov. 14 Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Three

Husband of

Sarah Lizzie Elliot

Wife

Washington Elliot

Mother's

Maiden Name

Father's

Clara Elliot

Name

Cause of

Primary

Tuberculosis

How long sick

4 years

Death

Immediate

Unknown

Accident, Suicide, Homicide

Reported by

Wilbur A. Drake M.D.

Address

Cambridge Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chas B. Hamelton

Died at

Town  
DoverdryanCounty  
Wichest

MARYLAND

Date of

Month

Day

Y.

M.

D.

Native of

Occupation

Nov 24

Age 21

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

some

Husband of

Sallie Hamelton

Wife

Father's  
NameMother's  
Name

Cause of

Primary

Typhoid.

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

John Moore

Address

Doverdryan.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Theodore Franklin Houston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>Nov 20th</u>		Town <u>Annapolis</u>	County <u>Baltimore</u>		MARYLAND		
Date of death 190	Month Nov.	Day 28	Age 51	Years	Months 11	Days 26	
Sex Male	Color or Race white	Occupation Farmer					
Married, Single or Widowed Unknown							
Name of Wife or Husband							
Father's Name <u>John B. Houston</u>						Father's Birthplace <u>Del</u>	
Mother's Maiden Name <u>Mary E. Appleton</u>						Mother's Birthplace <u>Del</u>	
Name of person giving information <u>W. H. Newell</u>						How related to deceased <u>Son</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

116

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

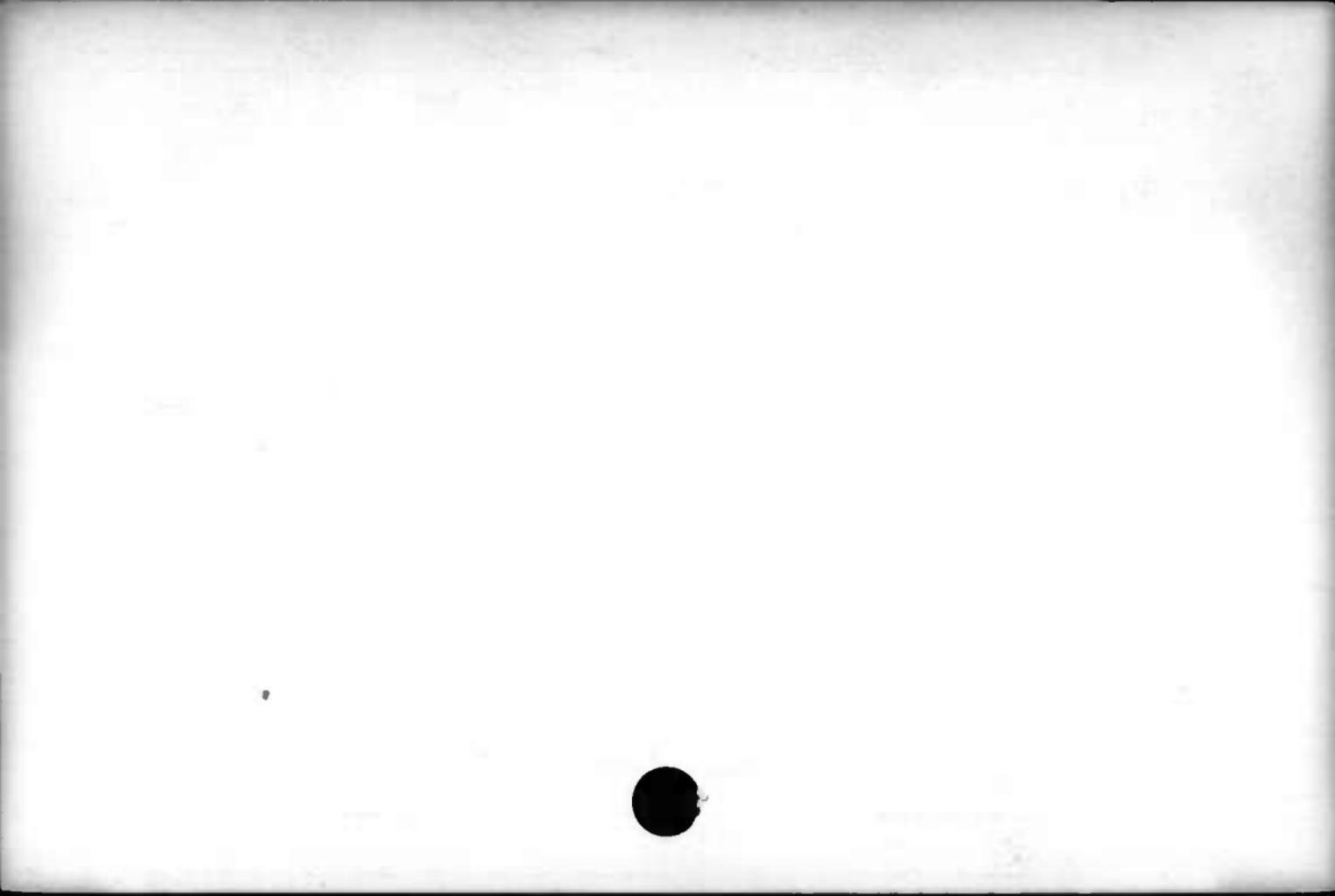
MPS

Signature of Physician

Address

Henry Steele  
Cambridge Md.

Accident or Suicide?



Anna M. Mills

Town

County

MARYLAND

Died at

Columbia

Y.

M.

D.

Native of

-

-

Baltimore

Occupation

Date 18

922

Month

Day

Age

24

-

-

-

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Anna Mills

Wife

Father's

Name

Mother's Name

Rebecca - Leeland

Cause of

Primary

Hypertension

How long sick

3 weeks

Death

Immediate

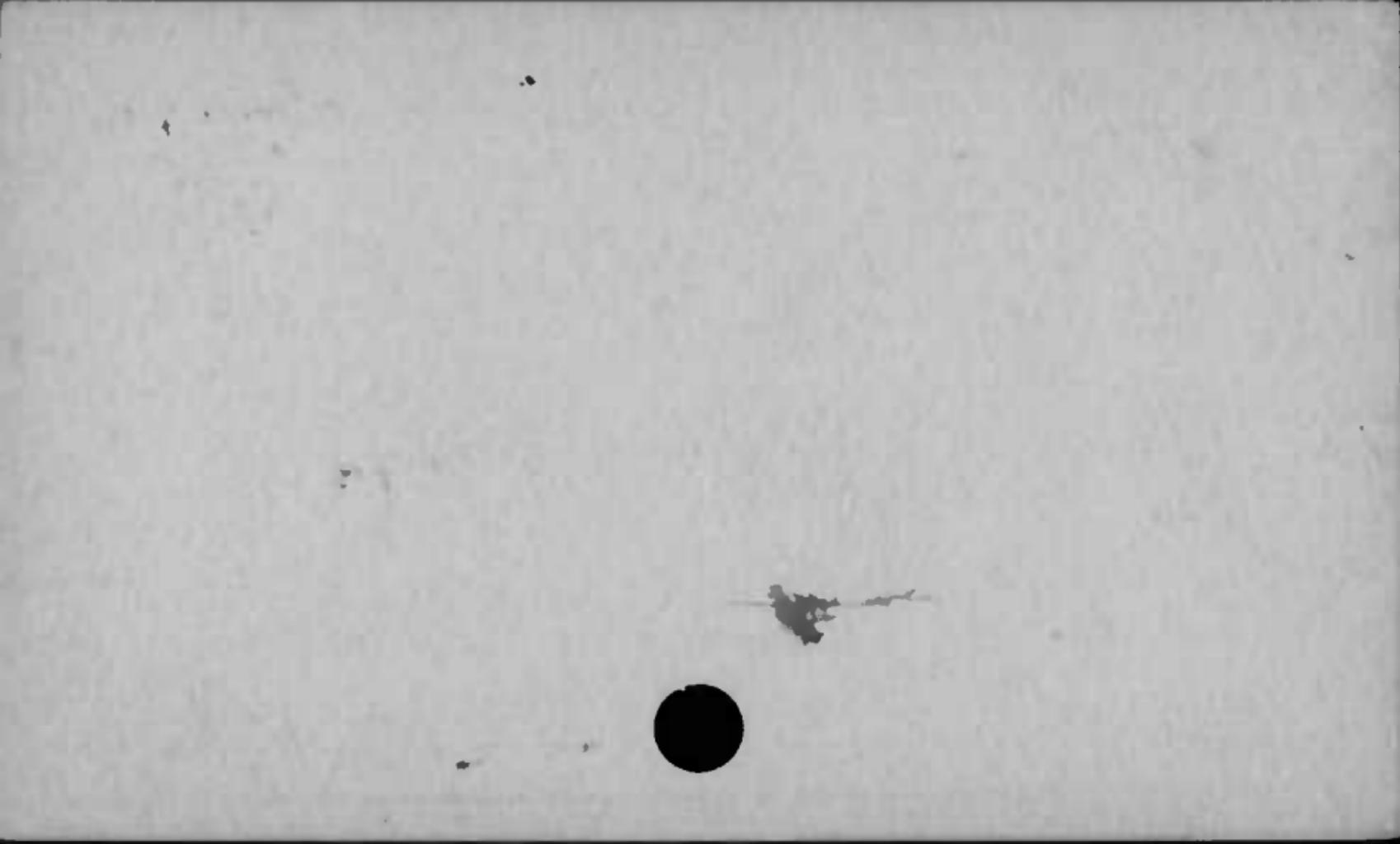
Perforation of bowel

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lora S Dane

Town		County		Native of		Occupation
Died at	Caulkage	Dorchester		Y. 1901	M. 14	
Date	Month Nov	Day 16	Age	1	14	Caulkage
Male		White	Married	Widow	Divorced	
Female		Colored	Single	Widower	Number of children living	

Husband of

Wife

Father's Name

Lora Dane

Mother's Maiden Name

Lydia L Dawson

Cause of Death

Primary

Masterson

105

How long sick

One month

Immediate

E. Lauton

Accident, Suicide, Homicide

Reported by

D. N. Golarborow

Address

Caulkage Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm. F. Argus Phillips

Town

County

Died at Fishing Creek

Dorchester Co.

MARYLAND

Date 1902 Nov. 13<sup>th</sup>

Y.

M.

D.

Native of

Occupation

Age 9

0

9

Md.

Male

White

Widow

Died

F. wife

Orchard

Single

Name of surviving child

Husband

Wife

10

Father's Name

John R. Phillips

Mother's

Maiden Name

Ida M. Mackins

How long sick

Cause of Death

Primary acute parenchymatous Pneumonia.

36 hours

Death

Immediate

Asphyxia

\_\_\_\_\_, \_\_\_\_\_

Reported by

W.H. Houston M.D.

Address

Fishing Creek

\_\_\_\_\_

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

7



Thomas Ringold

Town

County

Died at

Cambridge

Worchester

MARYLAND

Died at

1917

Month

Day

Y. M. D.

Native of

Occupation

Date 19

1917

Male

Male

Wife

Colored

Married

Widower

Divorced

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Primary

Phthisis Pulmonalis

Immediate

Phthisis Pulmonalis

Mother's

Maiden Name

Corrie Monroe

How long sick

8 months

Accident, Suicide, Homicide

C. F. Maguire M.D.

27

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



7

Name  
in  
Full

Thomas Ross

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	in Choptank River	Baltimore	Months	Days	
Date of death 1907	Month Mar.	Day 16	Years 25	Months —	Days —
Sex Male	Color or Race Black	Occupation Carpenter	Birth-place D.C. and		
Married, Single or Widowed —					
Name of Wife or Husband not known					
Father's Name not known				Father's Birthplace	
Mother's Maiden Name not known				Mother's Birthplace	
Name of person giving Information Harry Knight				How related to deceased	Brother of deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Swimming	172	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?

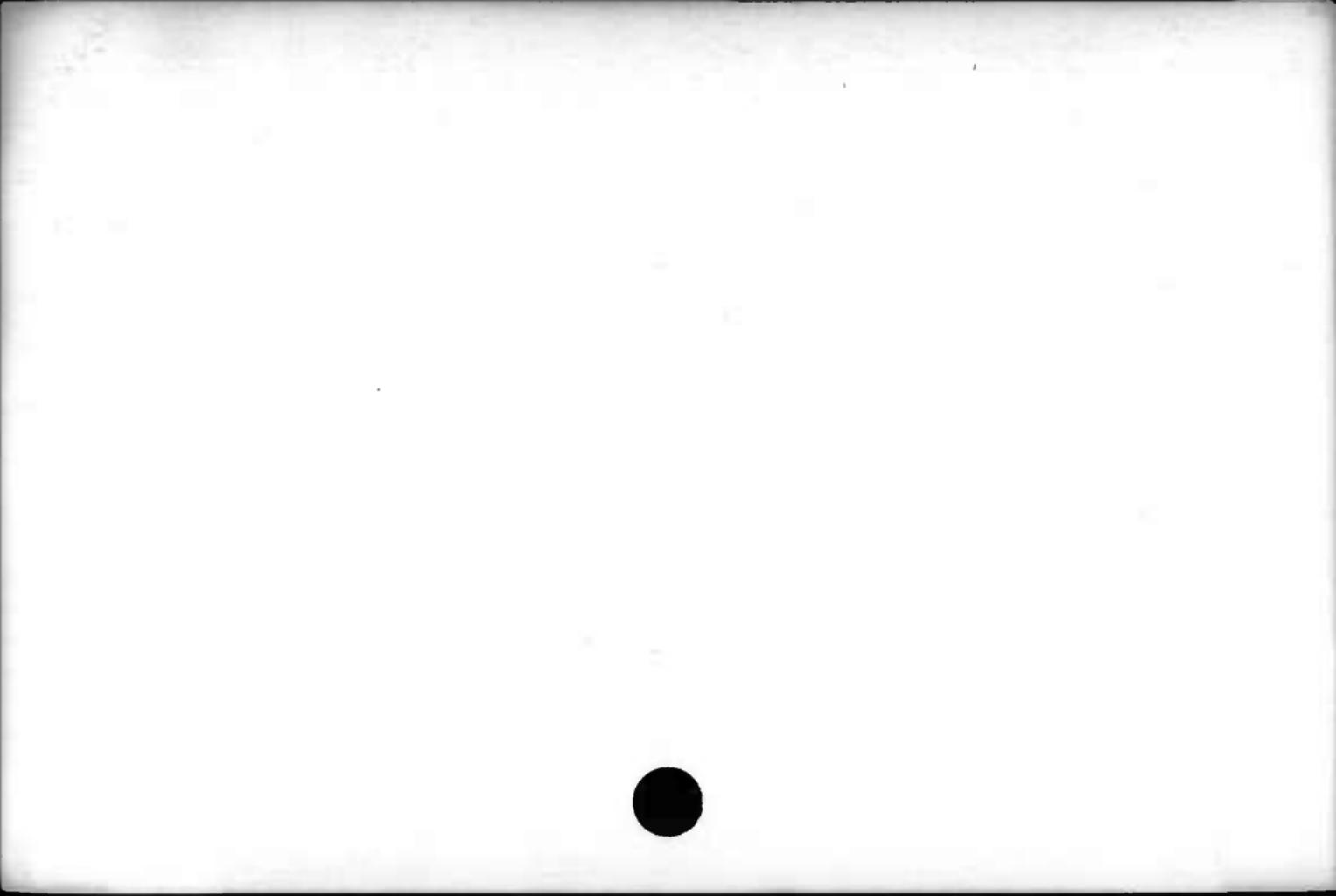
Yes

Signature of Physician

Address

May 1907  
Cambridge Md

Accident or Suicide? accident



John H Smith

Town

County

MARYLAND

Died at Hoppersville

Month

Dey

Y.

M.

D.

Native of

Chester

Date 1902

Nov 8

Age

Married

Widow

Divorced

Occupation

Oysterman

Male

White

Single

Widower

Number of children living

Female

Colored

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

drowned

172

Accident, Suicide, Homicide

Reported by

Lawrence P Ashton A.P.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Edward E Spalden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1902	Month	6	Day	Years	42	Months
Age	10	Days					
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Married, Single or Widowed	Married		Occupation	Farmer			
Name of Wife or Husband	Elean R Spalden						
Father's Name	Jno d Spalden		Father's Birthplace	B. Co			
Mother's Maiden Name	Eliz. x Abbie		Mother's Birthplace	X			
Name of person giving information	R Spalden		How related to deceased	wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever	How long	28 days.
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S A Stokes M.D.

Address

Cornersville  
Md.

g  
Accident or Suicide?

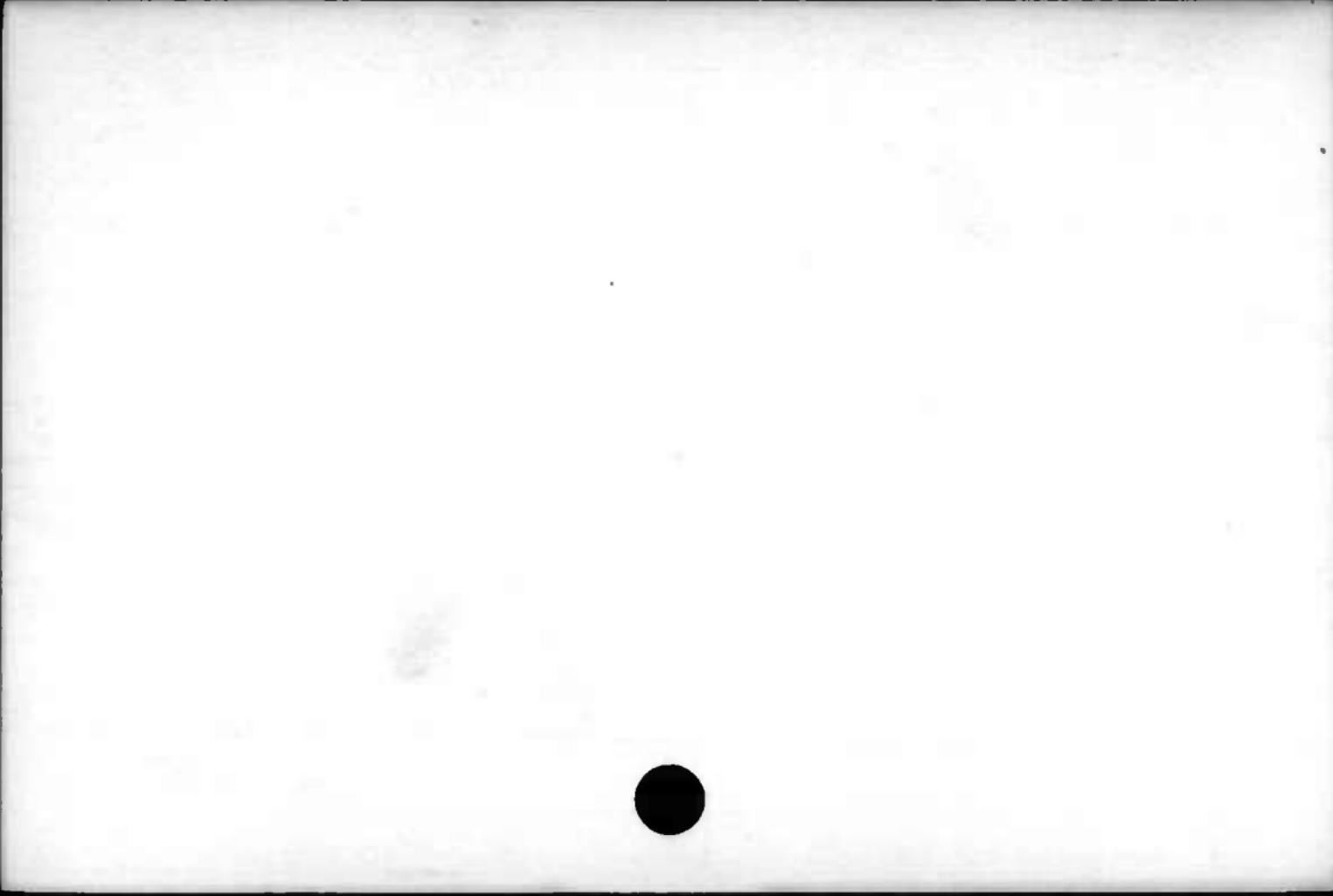


Name  
in  
Full

Sarah Stevens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Comusville</u>			County <u>Wm</u>	<b>MARYLAND</b>	
	Date of death <u>1902</u>	Month <u>Mar</u>	Day <u>2</u>	Years <u>76</u>		
Sex <u>Male</u>	Color or Race <u>Negro</u>	Occupation <u>Farm work</u>	Birth-place <u>Barbour Md</u>			
Married, Single or Widowed <u>Widower</u>						
Name of Wife or Husband <u>Effie Stevens</u>						
Father's Name <u>Levi Stevens</u>				Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>not known</u>				Mother's Birthplace <u>"</u>		
Name of person giving Information <u>Henry Capras</u>				How related to deceased <u>none</u>		
<b>CAUSES OF DEATH</b>						
PHYSICIAN OR CORONER	Primary <u>Remittent fever</u>	4	How long <u>2 weeks</u>			
	Immediate <u>old age</u>		How long			
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician		<u>S. A. Stokes M.D.</u>		
		Address				
Accident or Suicide? <u>no</u>						



Name  
in  
Full

Clara E Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lloyd's		Town	County Baltimore		MARYLAND	
Date of death 190 L	Month Mar	Day 9	Years 22	Age	Months	Days
Sex Female	Color or Race White	Birth- place Dor. Co Md				
Married, Single or Widowed Married	Occupation Housewife					
Name of Husband Geo E Thomas						
Father's Name Cas A Thomas	Father's Birthplace Dor. Co Md					
Mother's Maiden Name Margaret A. Cook	Mother's Birthplace "					
Name of person giving Information Cas A Thomas	How related to deceased none					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid fever	How long 6 weeks
Immediate	How long

Are the name, age, sex, color, date  
and place correctly given above?  
yes

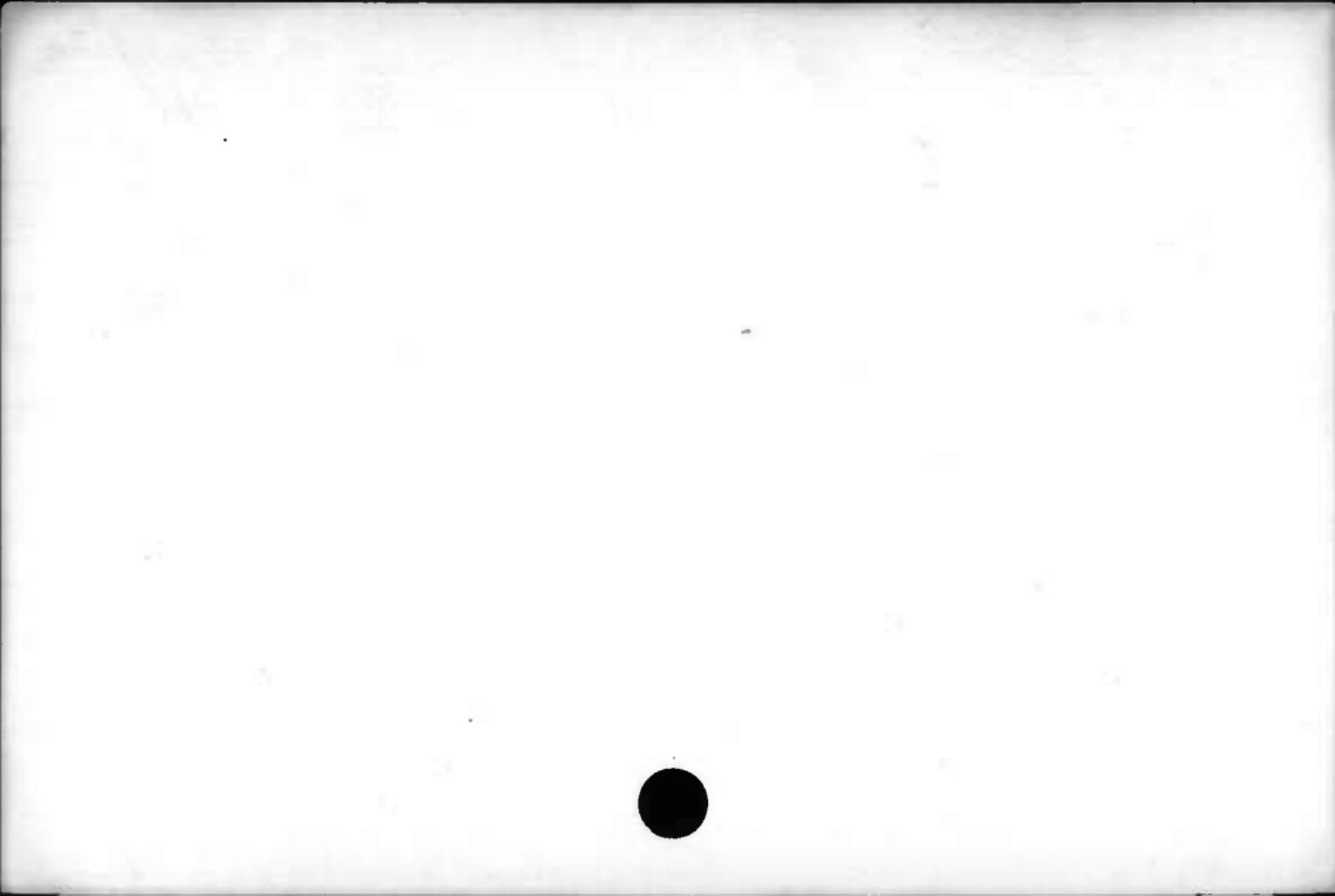
Signature of  
Physician

Address

S A Stokes M D  
Cornwallville Md

8

Accident or Suicide?



Name  
in  
Full

Richard Sampson Travers.

CERTIFICATE OF DEATH

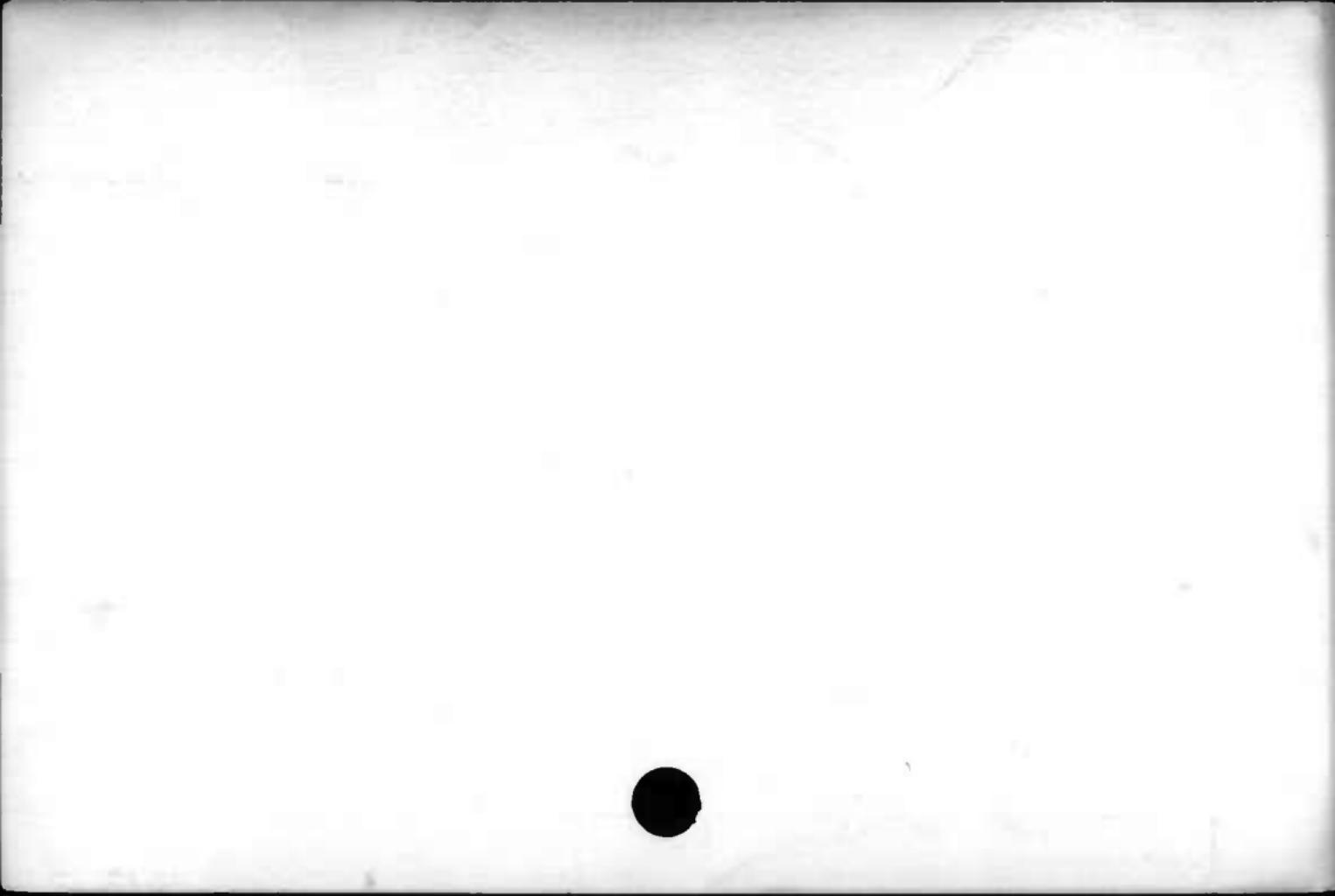
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Cambridge.		Dor.			
Date of death 1902	Month Nov.	9 <sup>th</sup> Day	Age 56	Years	Months 2	Days 8
Sex	Color or Race		Birth-place		Lakesville.	
Married, Single or Widowed	Occupation		Father's Birthplace		Lakesville	
Name of Wife or Husband	Camer. Labourer.		Mother's Birthplace		Lakesville	
Father's Name	Mary. F. Saunders		Father's Name		Lakesville	
Mother's Maiden Name	Sister		Travers		Mother's Maiden Name	
Name of person giving information	Kattie		Griffin.		Wife	
Name of person giving information						

CAUSES OF DEATH

Primary	Rhthris pulmonalis	How long	2 yrs & mo.
Immediate	Cphrourtin	How long	
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	Mayville
		Address	Cambridge Md
Accident or Suicide?			X

8



Name  
in  
Full

Amy Whittington

CERTIFICATE OF DEATH

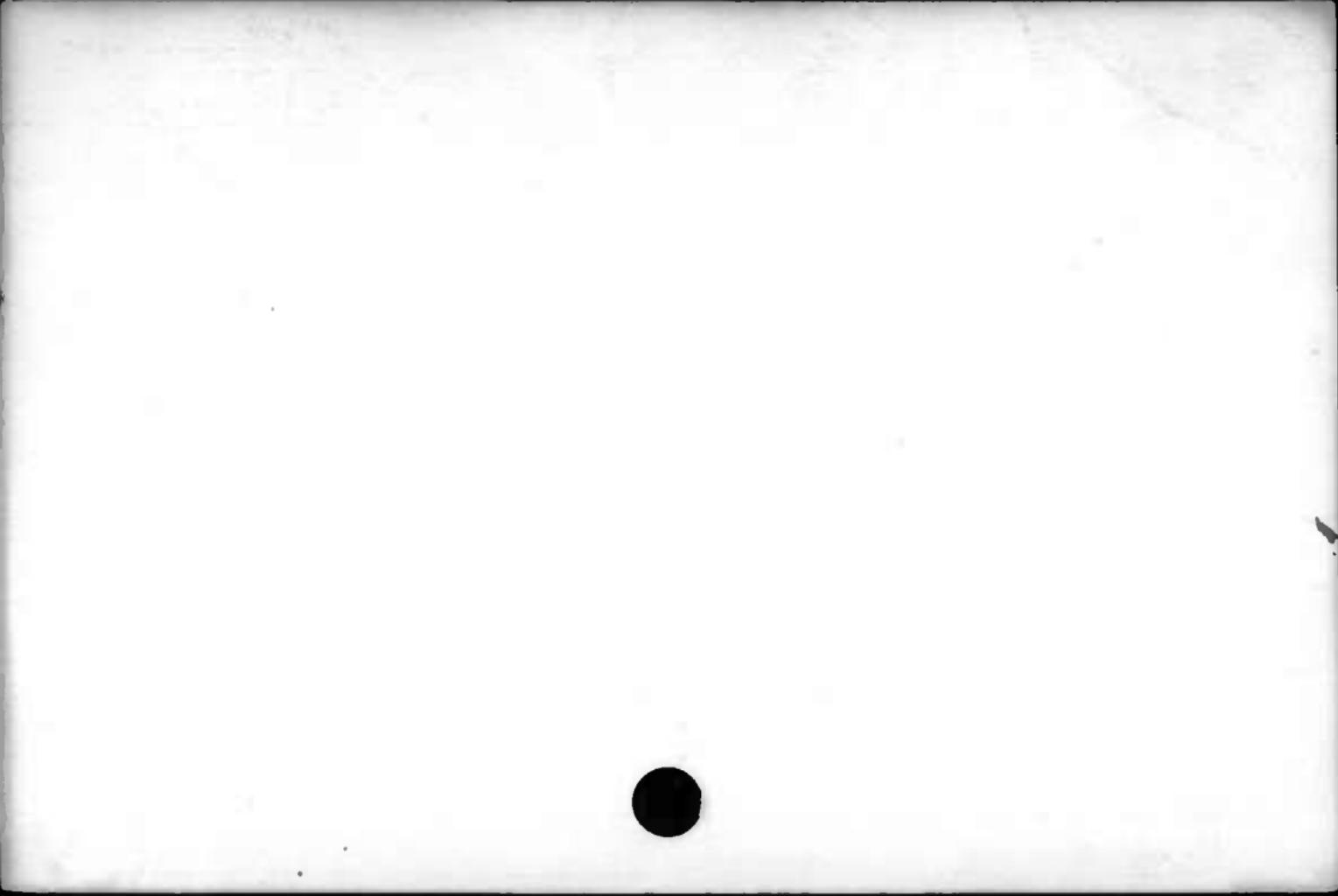
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Married, Single or Widowed	Single	Occupation	none		
Name of Wife or Husband				Father's Birthplace	Funerals, Md
Father's Name	chgo. whittington			Mother's Birthplace	VA
Mother's Maiden Name	Mary James			Name of person giving Information	How related to deceased
	Mary Whittington				Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enteritis	105	How long	all life
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	YH	Signature of Physician	Guy Stock	
		Address	Cambridge Md.	
g				
Accident or Suicide?			X	



Harold

Town

Takoma

Willey

County

Chester

Died at

MARYLAND

Month Day

Y. M. D.

Native of

Date 1902

Nov. 13

Age 56

Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Harold R. Willey

Mother's Maiden Name

Minnie Slacum

Cause of Death

Primary

Typhoid Fever

How long sick  
4 weeks

Immediate

Inflammation of Bowels

Accident, Suicide, Homicide

Reported by

E. G. C. Jones

Address

Md

8

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Chas. Edward Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

P.O.	Town	County	MARYLAND		
Died <input checked="" type="checkbox"/>	Cambridge	Baltimore			
Date of death 1902	Month Nov.	Day 15	Age 46	Years -	Months - Days -
Sex Male	Color or Race White	Birth-place W. Va. and			
Married, Single or Widowed Single	Occupation Farmer				
Name of Wife or Husband —					
Father's Name George Wright	Father's Birthplace Ore.				
Mother's Maiden Name Mary A. Harris	Mother's Birthplace Ore.				
Name of person giving information Harry Washell	How related to deceased Nephew				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Hemiplegia right-sided

How long 12 days

Immediate Inflammation

How long 12 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry Null  
Cambridge Md.

g

Accident or Suicide?

